



04-06-05

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PTO/SB/30 (09-04)

## Request

for

### Continued Examination (RCE) Transmittal

Address to:

**MAIL STOP: RCE**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Application Number	09/774,439
Filing Date	January 31, 2001
First Named Inventor	Patel, Ashvinkumar P.
Art Unit	2153
Examiner Name	Bargadle, Yasin M.
Attorney Docket Number	<b>017887-005500US</b>

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

**1. Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a.  Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

ii.  Other \_\_\_\_\_

b.  Enclosed

i.  Amendment (Preliminary)

ii.  Affidavit(s)/ Declaration(s)

iii.  Information Disclosure Statement (IDS)

iv.  Other \_\_\_\_\_

**2. Miscellaneous**

a.  Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b.  Other \_\_\_\_\_

**3. Fees** **The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.**

a.  The Director is hereby authorized to charge the following fees, charge any additional fee(s) or underpayments of fee(s) or credit any overpayments, to Deposit Account No. 20-1430. I have enclosed a duplicate copy of this sheet.

i.  RCE fee required under 37 CFR 1.17(e)

ii.  Extension of time fee (37 CFR 1.136 and 1.17)

iii.  Other \_\_\_\_\_

b.  Check in the amount of \$ \_\_\_\_\_ enclosed

c.  Payment by credit card (Form PTO-2038 enclosed)

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization of PTO-2038.**

#### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

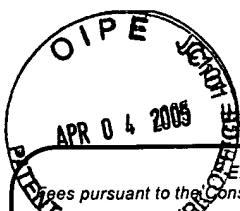
Signature		Date	April 4, 2005
Name (Print /Type)	Thomas D. Franklin	Registration No.	43,616

#### CERTIFICATE OF MAILING OR TRANSMISSION

##### Express Mail Label: EV 470922166 US

I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date April 4, 2005 and is addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Signature	
Name (Print /Type)	Cindy Bennett



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEES TRANSMITTAL

## For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** **790**

### Complete if Known

Application Number	09/774,439
Filing Date	January 31, 2001
First Named Inventor	Patel, Ashvinkumar P.
Examiner Name	Barqadle, Yasin M.
Art Unit	2153
Attorney Docket No.	017887-005500US

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 **Deposit Account** Deposit Account 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Small Entity  
 50 25  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Fee (\$) Fee (\$)  
 200 100  
 Multiple dependent claims Fee (\$) Fee (\$)  
 360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  
 -20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$)  
 -3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  
 \_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

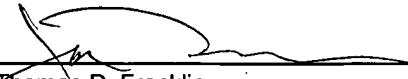
#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

Other

: Request for Continued Examination (RCE) Fees Paid (\$) 790

##### SUBMITTED BY

Signature		Registration No. <u>43,616</u> (Attorney/Agent)	Telephone <u>303-571-4000</u>
Name (Print/Type)	<u>Thomas D. Franklin</u>		Date <u>April 4, 2005</u>